*Annex 3. To be filled in by the Head/Tutor/RDRL*

Letterhead

To the occupational health physician

O.U. Occupational Medicine

*Occupational Medicine, Prevention, Protection and Health Physics Services*

Via P. Palagi, 9

40138 Bologna

**Re: Proposal of an alternative work plan to protect the pregnant worker**

Firma del Dirigente/RDRL

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